



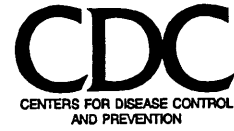
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Public Health Service**  
**Centers for Disease Control and Prevention**  
**INTER/INTRA-AGENCY AGREEMENT (IAA)**  
**Payable Agreements (CDC is Procuring Agency)**



|   |  |  |  |                                 |                                  |   |              |
|---|--|--|--|---------------------------------|----------------------------------|---|--------------|
| 1. CDC IAA #: (10 to 13 digits)<br>00FED05404-25  | 2. PARTICIPATING AGENCY IAA #:<br>CPSC-IAG-01-1163 <i>25</i> | 3. TYPE OF AGREEMENT<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Administrative<br>Modification Number: 25 |  |                                 |                                  |   |              |
| 4. TITLE OF PROJECT:<br>National Electronic Injury Surveillance System (NEISS) Usefulness of the NEISS-AIP to Produce Annual Stable Estimate  |  |  |  |                                 |                                  |   |              |
| 5. DESCRIPTION OF WORK: <i>(Please attach)</i><br>See Attached  |  | 6. AMOUNT: <i>(Not to exceed without written modification)</i><br>\$ 165,000.00  |  |                                 |                                  |   |              |
| 7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY:<br>U.S. Consumer Product Safety Commission<br>4330 East West Highway<br>Bethesda, Maryland 20814-3724  |  | LIAISON NAME:<br>Tom Schroeder<br>PHONE #: (301) 504-7431<br>EMAIL ADDRESS:<br>TSchroeder@cpsc.gov<br>FAX #: (301) 504-0038  |  |                                 |                                  |   |              |
| 8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE:<br>National Center for Injury Prevention and Control<br>4770 Buford Highway NE, MS-K59<br>Atlanta, Georgia 30341-3724  |  | LIAISON NAME:<br>Chester L. Pogostin<br>PHONE #: (770) 488-4805<br>EMAIL ADDRESS:<br>clp3@cdc.gov<br>FAX #: (770) 488-1665   |  |                                 |                                  |   |              |
| 9. PROJECT PERIOD:<br>from: 10/01/2005 through: 09/30/2006  |  | FUNDING PERIOD:<br>from: 10/01/2005 through: 09/30/2006  |  |                                 |                                  |   |              |
| 10. CDC AUTHORITY:<br><input type="checkbox"/> Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14)<br><input checked="" type="checkbox"/> Other <i>(Please specify)</i> CDC DUNS # 927645465 CPSC DUNS# 069287522 |  |  |  |                                 |                                  |   |              |
| 11. PARTICIPATING AGENCY AUTHORITY:   |  |  |  |                                 |                                  |   |              |
| 12. CDC FUNDING INFORMATION: FOR CDC USE ONLY <i>(CDC internal form 6012 - modified Document History Record)</i>  |  | APPROPRIATION NUMBER:<br>7560943   |  |                                 |                                  |   |              |
| T.C.<br>(For Accounting Use Only)   | FY<br>(2 digits)<br>(Required)                               | DOC. REF.<br>(For Accounting Use Only)   | DOC. NO.<br>(Original 10 digits)<br>(Required) | CAN<br>(7 digits)<br>(Required) | O.C.<br>(5 digits)<br>(Required) | BACS<br>(10 digits)<br>(For Budget Use Only)                                | \$ AMOUNT    |
| 050   | 05   | 214  | 00FED05404                                     | 6921 2306                       | 25.3R                            | 5609-21-11-01   | \$165,000.00 |
| 6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: <i>(Please print)</i><br>Chester L. Pogostin, DVM, MPA<br>Deputy Director, Off. of Statistics and Programming<br>NCIPC<br>(Should not be the same as Block #18)  |  |  |  |                                 |                                  | FMO BUDGET ANALYST SIGNATURE:<br><br>ADMINISTRATIVE APPROVAL SIGNATURE:<br> |              |



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control and Prevention  
**INTER/INTRA-AGENCY AGREEMENT (IAA)**  
Payable Agreements (CDC is Procuring Agency)



CDC IAA #: 00FED05404-25

13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090421**. Other Agency's ALC: *(required)* 61000001

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. **Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence.** When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: **DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.** (If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: *(This block must be completed if procuring services under the Economy Act.)*

- ☒ All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:  
**DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.**

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION:

*(Please include name, telephone number, and email address of contact person.)*

|            |                |                |
|------------|----------------|----------------|
| Name:      | Telephone #:   | Email:         |
| Linda Murr | (301) 504-0029 | lmurr@cpsc.gov |

16. ☒ The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.
- ☐ The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

17. OTHER REQUIREMENTS:

- A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.
- B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

18. CDC ACCEPTANCE: *(please print)*

Name: Ileana Arias, Ph.D.  
Title: Acting Director, NCIPC  
Email address: [Iarias@cdc.gov](mailto:Iarias@cdc.gov)

Signature:  Date: 11/29/05

19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*

Name: Donna Hutton  
Title: Contracting Officer  
Email address: [dhutton@cpsc.gov](mailto:dhutton@cpsc.gov)

Signature:  Date: 12/23/05

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

**INTERAGENCY AGREEMENT BETWEEN  
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)  
AND  
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)  
(00FED05404-25)**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This document serves as an addendum to the Interagency Agreement (number 00FED05404) between the Centers for Disease Control and Prevention and the U.S. Consumer Product Safety Commission covering the expansion of the National Electronic Injury Surveillance System (NEISS) to collect data on all injuries. This system is called the NEISS All Injury Program (NEISS-AIP).

This addendum covers a special study entitled "**Evaluating the Usefulness of the NEISS-AIP to Produce Annual Stable Estimates of the Incidence of Traumatic Brain Injury Treated in Emergency Departments in the United States**". This project is outlined below. Additional documentation is attached as Appendices.

**I. DESCRIPTION OF SERVICES**

**Background:** A previously CDC-funded preliminary traumatic brain injury (TBI) surveillance pilot study investigated the feasibility of obtaining national estimates of the incidence of TBI treated in US hospital EDs, using NEISS AIP data, and the suitability of using NEISS-AIP data for ongoing surveillance of TBI treated in U.S. emergency departments. Specifically, the CPSC, in collaboration with CDC, reviewed and abstract data from medical records at a stratified, convenience sample of 10 NEISS-AIP hospitals to determine the best approach to identifying and characterizing ED cases with TBI and to assess the potential of NEISS-AIP data to distinguish true TBIs from other (extracranial) head injuries. The results of the pilot study indicate that NEISS-AIP could indeed be used to provide accurate and timely TBI data. It also showed that the addition of a second screen for identifying TBI cases from the NEISS-AIP could enhance the completeness of case identification by as much as 20 percent. The aforementioned "second screen" was produced in 2003 (in attached protocol, Appendix 1, Subappendix 1)). This study is an extension of the preliminary TBI surveillance pilot study. It will further investigate the most efficient and cost-effective case identification criteria and methods for full implementation of a TBI special study using all NEISS-AIP hospitals. This effort will provide statistically valid national estimates of the incidence of persons with TBIs treated in US hospital emergency departments.

**Purpose:**

This project is aimed at further evaluating the usefulness of NEISS-AIP to produce annual stable estimates of the incidence of TBI treated in hospital emergency departments (EDs) in the U.S. This project will begin in FY 2006.

**Methods:**

We propose to test case criteria for identifying persons with TBI treated in a sample of NEISS-AIP hospitals. This pilot study has two phases. Phase I will be used to pre-test the approach, proposed case criteria, and coder training material. Based on the results of Phase I, adjustments may be necessary prior to the next phase. Phase II will be used to evaluate the case criteria and feasibility of full implementation of a TBI Special Study using all NEISS-AIP hospitals.

TBI case criteria for this pilot study will go beyond the usual methods used by NEISS-AIP hospital coders. The new criteria will hopefully identify most if not all TBI cases treated at the sample NEISS-AIP hospitals regardless of whether or not the TBI was the principal diagnosis as determined by the attending ER physician. NEISS-AIP hospital coders will be asked to carefully review medical records for signs, symptoms, acronyms, or words commonly used by health care providers to characterize TBI or head injury in the medical record. The NEISS-AIP hospital coder will then record some of these terms in a brief narrative along with other data on circumstances of the injury incident. When this narrative is entered into the *first screen* on the NEISS-AIP electronic data entry system, a TBI special study *second screen* will be triggered. The NEISS-AIP hospital coder will then complete requested information about the TBI or head injury on the *second screen* using information from the patient's medical record. Information on the *second screen* will be used to determine true TBI cases for surveillance purposes. For more information, see the *Methods Section* of attached protocol. CPSC and CDC will use:

1. A proposed TBI standard case inclusion criteria (in attached protocol, Appendix 1);
2. The final version of the "second screen" (in attached protocol, Appendix 1, Subappendix 1)

**II. DURATION OF AGREEMENT**

This agreement is approved for one year from the date of signature for both agencies. If the results indicate that NEISS is able to produce annual stable estimates of TBI treated in ED, we will extend the agreement to five years.

**III. ESTIMATED COSTS**

Medical record review and abstraction for the "second screen" cost estimates: It is estimated that each year, 40,000 (forty thousand) medical records of possible TBI cases would be reviewed and abstracted to complete the "second screen" for our study; it is expected that at least 30,000 (approximately 80%) will meet the TBI case inclusion criteria. Each record will be reviewed at a cost of approximately \$4.00 per record; for an approximate total cost of \$157,000.00 per year.

Estimated annual costs are \$165,000.00. This cost estimate is broken down into the following sub-categories:

~~Data collection and medical record review (Estimated cost = \$157,000.00)~~

~~CPSC General and Administrative Costs (Estimated cost = \$8,000.00)~~

#### IV. FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V).

#### V. ACCOUNTING AND BILLING INFORMATION

|                      |                    |                            |
|----------------------|--------------------|----------------------------|
| Agency               | <u>From</u><br>CDC | <u>To</u><br>CPSC          |
| Agency Symbol        | 75090421           | 61-00-0001                 |
| Appropriation        | 7560943            | 06 PS EXFM 4310 11179 252e |
| CAN                  | 6921 2306          |                            |
| Object Class         | 25.3R              |                            |
| UFMS Budget Activity | 5609-21-11-01      |                            |
| Amount               | \$165,000          | \$165,000                  |
| EIN No               | 58-6051157         | 52-0978750                 |
| DUNS                 | 927645465          | 069287522                  |

When billing CDC through the OPAC system, CPSC will reference agreement number 00FED05404-25.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO  
Attn: OPAC Desk  
1600 Clifton Road, MS D-06  
Atlanta, GA 30333

#### VI. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. TRAVEL

There is no travel involved in this agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

IX. PROGRAM CONTACTS

CDC: Victor G. Coronado, MD, MPH  
NCIPC, DIDOP (F41)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3714  
(770) 488-1568

CPSC: Tom Schroeder  
CPSC  
4330 East West Highway, Rm 604D  
Bethesda, MD 20814-4408  
(301) 504-0539 x1246

X. BUDGET CONTACTS

CDC: Deborah Mathis  
NCIPC/OD (K62)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3724  
(770) 488-4695

CPSC: Donna Hutton  
Contracting Officer, CPSC  
4330 East West Highway, Rm 517  
Bethesda, MD 20814-4408  
(301) 504-7009

X. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

XI. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.